

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2022**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:
Semester:

Final Grade: Satisfactory/Unsatisfactory

Date of Completion:

**Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, BSN, RN; Brian Seitz, MSN, RN
Brittany Lombardi, MSN, RN**

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Plan Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
2/18/2022	2	Did not register in vSim class	2/25/2022 0800
Initials	Faculty Name		
CB	Chandra Barnes, BSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)	s	s	s	s	s	s	na	na	S									
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	s	s	s	s	s	s	na	na	S									
c. Evaluate patient's response to nursing interventions. (Reflecting)	s	s	s	s	s	s	na	na	S									
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	s	s	s	na	na	na	na	na	S									
e. Administer medications observing the six rights of medication administration. (Responding)	s	s	s	na	na	na	na	na	S									
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	na	na	na	s	na	na	na	na	S									
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	s	s	s	na	na	s	na	na	S									
Faculty Initials	CB	CB	BL															
Clinical Location	4C	4c	4p	sp	Cd/sh	IS	na	na										

Comments:

Week 2 (1c,d,e): Autumn, you did a great job this week evaluating your patient and her response to the interventions you performed. You also did a great job finding cardiac rhythm strips, asking appropriate questions, and measuring correctly. You were satisfactory with administering IV and subcutaneous medications for your patient, performing the six rights of medication administration first. Great job this week! CB

Week 3 (1a): Autumn, you did an amazing job caring for your patient this week who had a lot going on with them. You were able to organize your time to ensure that your patient received the appropriate care needed. CB

*End-of- Program Student Learning Outcomes

Week 4-1(a-e,g) Autumn, you did an excellent job this week managing complex patient care situations. You were well prepared for clinical, and completed all your nursing interventions in a timely manner. You had the opportunity to care for a patient with peritoneal dialysis and learn how to do the exchanges. You did a great job with your EKG book in which you were able to determine rates and measurements, as well as interpret cardiac rhythms. You did an excellent job with your medication passes and followed all six rights of medication administration. BL

Week 5-1(a,b,c,f) Excellent job discussing the nursing interventions associated with the procedure you witnessed in your Special Procedures clinical experience. You did an excellent job explaining the interventions, as well as evaluating the patient's response to the nursing interventions. Comments from preceptor in Special Procedures: Excellent in all areas. "Autumn has a nice technique for her IV starts; very confident; she was able to see an angiogram/plasty and stenting, CT scan." BL

Week 6-1(b) Excellent job with your CDG in which you identified the appropriate nursing interventions associated with each cardiac diagnostic test based on the patient needs and circumstances. BL

Week 7-1(a-c,g) Autumn, excellent job during your Infusion Center clinical experience. You did a great job with your CDG in which you discussed the nursing interventions you performed during this experience. Comments from preceptor in the Infusion Center: Excellent in all areas. "Engaged, helpful, good questions." BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding)	s	s	s	s	s	s	na	na	S									
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	s	s	s	s	s	s	na	na	S									
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	s	s	s	s	s	na	na	na	S									
d. Formulate a prioritized nursing care plan utilizing clinical judgment skills. CC (Noticing, Interpreting, Responding, Reflecting)	na	na	s	na	na	na	na	na	S									
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	s	s	s	s	s	s	na	na	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (2a,b,c): You did a great job this week with your cdg, correlating past medical history and your patients present condition. You did a great with clinical judgement, monitoring your patient’s blood pressure while receiving sedation, for potential risks. You recognized changes in your patient condition, and appropriately communicated this with the bedside nurse. CB

Week 3 (2a): Autumn you were able to obtain your patient’s current diagnosis and write a pathophysiology successfully. CB

Week 4-2(b,c,d) Great job in debriefing discussing how you monitored your patient for potential risks and anticipated early complications. You also did a great job discussing changes in patient status you noticed, as well as how you responded and took action. Your Nursing Care Plan was very well done. Please see the Nursing Care Plan Rubric at the end of this document for my feedback. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Critique communication barriers among team members. (Interpreting)																		
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	S NA	na	na	na	Na S	na	na	na	S									
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	s	s	s	s	s	s	na	na	S									
d. Clarify roles & accountability of team members related to delegation. (Noticing)	s	s	s	s	s	s	na	na	S									
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	S NA	na																
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (3c): We discussed achieving fiscal responsibility when discussing the appropriate way to charge items to your patient from the par room. CB

Week 3 (3a): Autumn you were able to critique communication skills that you observed from other nurses, doctors, and other members of the interdisciplinary team. CB

Week 4-3(c) You did a great job ensuring you used the PAR system appropriately when obtaining care items for your patient this week in clinical. This is just one important way to ensure fiscal responsibility in practice. BL

Week 6-3(b,c) Excellent job with the Quality Scavenger Hunt clinical experience, as well as with your CDG for this experience. You did an excellent job discussing the fiscal impact associated with the variances that you found. BL

Week 7-3(c) Great job with your CDG discussing strategies to achieve fiscal responsibility in clinical practice. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	na	na	na	na	na	S									
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	s	s	s	s	s	s	na	na	S									
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	s	s	s	s	s	s	na	na	S									
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	s	s	s	s	s	s	na	na	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (4a,c): You were able to discuss legal and ethical issues about your patient in debriefing. We discussed restraints and how to appropriately use them while continuously monitoring your patient. You presented yourself in a professional way, and were respectful to your patient and peers while in the clinical setting. CB

Week 3 (4b,c): You were able to communicate with your patient’s family, and you had professional behavior throughout your clinical in the ICU. CB

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Reflect on your overall performance in the clinical area for the week. (Responding)	s	s	s	s	s	s	na	na	S									
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	s	s	s	s	s	s	na	na	S									
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	s	s	s	na	na	na	na	na	S									
d. Perform Standard/Standard Plus Precautions. (Responding)	s	s	s	s	s	s	na	na	S									
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	s	s	s	s	s	s	na	na	S									
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	s	s	s	s	s	s	na	na	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (5c,e): We discussed areas of safety and EBP tools that supported safety and quality in debriefing. We talked about interventions that you completed (John Hopkins fall assessment, oral care, ex.) and why each of those were important. CB

Week 3 (5b): Autumn you do a great job of seeking new learning opportunities and task oriented opportunities. You always ask the appropriate questions and are engaged. Great job! CB

Week 4-5(b) Autumn, you did an excellent job researching information in your patient’s EHR when you had down time to gain a better understanding about his disease process and treatment plan. BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)																		
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	na	na	s	na	na	na	na	na	S									
c. Collaborate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	s	s	s	s	s	s	na	na	S									
d. Deliver effective and concise hand-off reports. (Responding)	s	s	s	na	na	na	na	na	S									
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	s	s	s	na	na	na	na	na	S									
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	s	S NI S	s	s	s	s	na	na	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (6c,d,e,f): Autumn, you did a great job collaborating with other members of the healthcare team. You reported information to the bedside nurse in a timely manner, and delivered appropriate information in a hand off report before leaving the unit. You performed appropriate interventions in a timely manner, and were able to appropriately document on those. You did an excellent job on your cdg this week, and you were able to find an EBP article related to your patient. Great job this week! CB

Week 3 (6f): Autumn, although you were satisfactory on your pathophysiology, you did not answer all of your questions on the cdg. Please answer those remaining questions, and post them under your original cdg post by Wednesday, and your NI will be changed to an S. CB

I did not realize there was a second part of the assignment. I will improve upon this next time by going back and checking the assignment instructions before turning it in. You corrected your cdg by the given due date. Your NI will be changed to a S. CB

*End-of- Program Student Learning Outcomes

Week 4-6(e,f) Excellent job with all your documentation this week in clinical. Your documentation was done in a timely manner and accurate. You also did an excellent job with your Nursing Care Plan CDG. BL

Week 5-6(f) Excellent job with your CDG post this week. Your responses were very thorough and demonstrated much knowledge related to your clinical experience. BL

Week 6-6(f) Great job with your CDG posts this week. Keep up all your great work! BL

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	s	s	s	s	s	s	na	na	S									
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	s	s	s	s	s	s	na	na	S									
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	s	s	s	s	s	s	na	na	S									
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	s	s	s	s	s	s	na	na	S									
Faculty Initials	CB	CB	BL															

Comments:

Week 2 (7b): You were able to find an appropriate evidenced-based practice article that was associated with the care your patient was receiving. CB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Skills Lab Evaluation Tool
AMSN
2022

Skills Lab Competency Evaluation	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders (1,2,3,4,5,6)*	Prioritization/ Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports/IV Push (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Telemetry Placements/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
Performance Codes: S: Satisfactory U: Unsatisfactory	Date: 1/11/2022	Date: 1/11/2022	Date: 1/11/2022	Date: 1/11/2022	Date: 1/13/2022	Date: 1/13/2022	Date: 1/14/2022	Date: 1/14/2022	Date: 1/14/2022	Date: 1/14/2022
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	CB	BL	AR	BS	AR	CB/FB	BL	BL/BS	AR
Remediation: Date/Evaluation/Initials										

***Course Objectives**

Comments:

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag- valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

Meditech: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders: Satisfactory completion of physician's order lab utilizing SBAR communication and taking orders over the phone. Good job! CB

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for the patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

Blood administration/IV pump: Satisfactory completion of practice with blood administration safety checks activity. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

IV Starts: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. BS

Head to Toe Assessment: You are satisfactory for the head-to-toe assessment competency. Nice Job! BL

ECG/Telemetry/Chest Tube: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial. BL/BS

Ports/Blood Draw: You were satisfactory in accessing an Infusaport device, demonstrated proper technique for CVAD cap change and satisfactorily demonstrated how to draw blood from a CVAD per hospital policy. Nice work! CB

Central Line Dressing/IV push: Satisfactory central line dressing change using proper technique, as well as line flushing. Great job with preparation of mixing a medication with normal saline and administering as an IV push through the central line. FB

Nursing Care Plan Grading Tool
AMSN
2022

Student Name: Autumn Halbisen

Clinical Date: 2/1-2/2/2022

Pathophysiology Grading Rubric
Firelands Regional Medical Center School of Nursing

*End-of- Program Student Learning Outcomes

Advanced Medical Surgical Nursing
2022

Student Name:

Autumn Halbisen

Clinical Date: **1/26/22-1/27/22**

<p>/1. Provide a description of your patient including current diagnosis and past medical history. (2 points total)</p> <ul style="list-style-type: none"> -Current Diagnosis (1)/ /Past Medical History (1) 	<p>Total Points:2 Comments: You did a great job explaining your patient's current and past medical diagnosis. CB</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> Pathophysiology-what is happening in the body at the cellular level (1) 	<p>Total Points:1 Comments: You appropriately explained what was happening with your patient and their current diagnosis. CB</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (3 points total)</p> <ul style="list-style-type: none"> All patient's signs and symptoms included (1) Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (1) Explanation of how all patient's signs and symptoms correlate with current diagnosis. (1) 	<p>Total Points:3 Comments: You appropriately explained what symptoms would be, what your patient's symptoms were, and how they correlated. CB</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (4 points total)</p> <ul style="list-style-type: none"> All patient's relevant lab result values included (1) Rationale provided for each lab test performed (1) Explanation provided of what a normal lab result should be in the absence of current diagnosis (1) Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (1) 	<p>Total Points:4 Comments: You were able to explain your patient's labs and how they were affected by the diagnosis. CB</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (4 points total)</p> <ul style="list-style-type: none"> All patient's relevant diagnostic tests and results included (1) Rationale provided for each diagnostic test performed (1) Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (1) Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (1) 	<p>Total Points:4 Comments: You did a great job explaining all diagnostic testing that your patient had done with explanations as to why the diagnosis affected the testing. CB</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (3 points total)</p> <ul style="list-style-type: none"> All related medications included (1) Rationale provided for the use of each medication (1) 	<p>Total Points:3 Comments: All medications were listed, why they were given, and why they were given with your patient's current diagnosis. CB</p>

<ul style="list-style-type: none"> Explanation of how each of the patient's relevant medications correlate with current diagnosis (1) 	
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (2 points total)</p> <ul style="list-style-type: none"> All pertinent past medical history included (1) Explanation of how patient's pertinent past medical history correlates with current diagnosis (1) 	<p>Total Points:2 Comments: You were able to appropriately intertwine your patient's past medical diagnosis and history and how it correlates with what is going on now. CB</p>
<p>8. Describe nursing interventions related to current diagnosis. (1 point total)</p> <ul style="list-style-type: none"> All nursing interventions provided for patient explained and rationales provided (1) 	<p>Total Points:1 Comments: You appropriately listed all the nursing interventions that were pertinent to your patient and your patient's current diagnosis. CB</p>
<p>Total possible points = 20 17-20 = Satisfactory 14-16 = Needs improvement <13 = Unsatisfactory</p>	<p>Autumn, great job with your pathophysiology. You have satisfactory completed this assignment. CB</p>

Firelands Regional Medical Center School of Nursing
Advanced Medical Surgical Nursing 2022
Simulation Evaluations

vSim Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	Date: 2/18/2022	Date: 3/2-3/2022	Date: 3/4/2022	Date: 3/18/2022	Date: 3/25/2022	Date: 3/31/2022	Date: 4/28/2022	Date: 4/28/2022
	Evaluation	U	S	S				
Faculty Initials	BL	BL	BL					
Remediation: Date/Evaluation/ Initials	2/25/22 S BL	NA	NA					

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

STUDENT NAME: **A. Halbisen** OBSERVATION DATE/TIME: **3/2/22** SCENARIO #: **1**

*End-of- Program Student Learning Outcomes

CLINICAL JUDGMENT						OBSERVATION NOTES
<p>COMPONENTS NOTICING: (1, 2, 5)*</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Introduces self and identifies patient, begins assessment. VS, patient CO weakness. HR and rhythm recognized as abnormal.</p> <p>Patient identified, CO palpitations, begins assessment. Patient CO nausea/dizziness. SpO2 and BP noted to be low. Lung sounds change following IV bolus.</p>
<p>INTERPRETING: (2, 4)*</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Interprets HR as bradycardic. Team discussing heart rhythm and interpreted as 2nd degree type 2. Interprets rhythm change to left heart block, LBBB- then determined to be 3rd degree heart block. Interprets new rhythm and need for pacing.</p> <p>Rhythm identified as atrial flutter (fibrillation). N/D determined to be symptoms of a-fib. Hypotension and elevated HR also noted. BP interpreted as need for IV fluid. Crackles noted. Low EF interpreted as cause.</p> <p>Patient found to be unresponsive, pulseless. Noted to be in pulseless Vtach.</p>
<p>RESPONDING: (1, 2, 3, 5)*</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>Interacting well with patient. Inquires about medications RT low heart rate. Call to provider to update and request order for EKG. Explains symptoms of low HR to patient. Call to provider to report rhythm change, requests atropine, order received and read back. Atropine prepared, patient and allergies identified, atropine administered. Call to provider to report left heart block, LBBB. Then correctly identified as third-degree block. Order for more atropine. Alternatives discussed (dopamine, epi). Pacing options discussed.</p> <p>Call to provider to report atrial flutter (fib) and recommends cardioversion or CCB. Dr asks for VS. Diltiazem suggested, dosages calculated. Patient identified, bolus and drip initiated. Call to physician to report low BP and request IV fluids, cardioversion. Order received- remember to read back. Call to provider symptoms of fluid overload, crackles noted.</p> <p>Patient noted to be in Vtach. Code blue called, CPR started, airway maintained. Epi given (q3-5 min). Fast patches applied (remember to defib). Shock delivered at 120j.</p>
<p>REFLECTING: (6)*</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 						<p>Team discussed scenario and the arrhythmias (symptomatic bradycardias) encountered. Discusses clinical symptoms of arrhythmias and associated interventions. Discussed pacing options (transcutaneous, transvenous, permanent) for bradycardias. Teamwork identified as a strength. Transcutaneous pacing demonstrated.</p> <p>Discussed recognition of a-fib and associated symptoms. Talked about</p>

*End-of- Program Student Learning Outcomes

	<p>goals of diltiazem therapy. Discussed importance on providing PHM to physician as an aid to guide treatment. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock.</p> <p>Discussed the importance of immediate CPR with pulseless Vtach. Discussed alternative to epi (amiodarone). Roles of the code team discussed. Potential causes of code blue discussed (review of chart reveals low K+. Defibrillation discussed, starting low and increasing joules with subsequent shocks.</p>
<p>SUMMARY COMMENTS:</p> <p>E = exemplary, A = accomplished, D = developing, B = Beginning Based off of Lasater's Clinical Judgment Rubric</p> <p>Developing to accomplished is required for satisfactory completion of this simulation.</p>	<p>You are satisfactory for this scenario, good job!</p>

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2022**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/15/2021